# Case 19-70130-JAD Doc 60 Filed 07/19/19 Entered 07/19/19 16:23:34 Desc Main Document Page 1 of 6

### UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

Foor, Kevin S.

Case No. 19-70130-JAD

Reporting Period: June 30 20

### MONTHLY OPERATING REPORT (INDIVIDUAL WAGE EARNERS)

File with Court and submit copy to United States Trustee within 14 days after end of month

Submit copy of report to any official committee appointed in the case.

			Document	Explanation
REQUIRED DOCUMENTS	Form.	No.	Attached	Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (II	-		
	MOR-1 (II	NDV)		
Schedule of Cash Receipts and Disbursements - continuation	(CONT)			
Bank Reconciliation	Commence of the commence of th		X	
Copies of bank statements	er comp.		*	
Cash disbursements journals	V-010			
Copies of tax returns filed during reporting period	to the second se			
Summary of Unpaid Postpetition Debts	MOR-4			
Debtor Questionnaire	MOR-5			

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor	7-10-2019 Date
Signature of Joint Debtor	Date
Signature of Preparer	Date
Printed Name of Preparer	5

FORM MOR (INDV) (10/00)

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Foor, Kevin S.

Case No. 19-70130-JAD

Debtor

Reporting Period: 6-1-19-6-30-19

# INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursementsmade during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliationmust be attached for each account.

Actual   Cash - Beginning of Month   15 & . 03	Cumulative Filing to Da Actual
Wages (Net)  Interest and Dividend Income Alimony and Child Support Social Security and Pension Income Sale of Assets Other Income (attach schedule)  Total Receipts  DISBURSEMENTS ORDINARY ITEMS: Mortgare Payment(s) Rental Payment(s) Other Secured Note Payments Utilities Insurance Jutilities Insurance Lease Payments IRA Contributions Repairs and Maintenance Medical Expenses Household Expenses Charitable Contributions Alimony and Child Support Payments Taxes - Real Estate Taxes - Personal Property Taxes - Other (attach schedule) Travel and Entertainment Gifts Other Reoryanization Expenses (attach schedule) Total Reorganization Items Otal Disbursements (Ordinary + Reorganization)  Otal Disbursements (Ordinary + Reorganization)	ACUAL
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otal Disbursements (Ordinary + Reorganization)	
et Cash Flow (Total Receipts - Total Disbursements)	1
ash - End of Month (Nust equal reconciled bank statement)	

FORM MOR-I(INDV)

(9/99)

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Foor, Kevin S.

Debtor

Case No. 19-70130-JAD

Reporting Period: 6-1-19-6-30-19

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
Other Income		
		·
Other Taxes		
		4
	15	
	70	
Other Ordinary Disbursements		
	·	
		-
		1
	K	
Other Reorganization Expenses		

FORM MOR-! (INDV) (CON'T) (9/99) Case 19-70130-JAD Doc 60 Filed 07/19/19 Entered 07/19/19 16:23:34 Desc Main Document Page 4 of 6

Foor, Kevin S.

Case No. 19-70130-JAD

(9/99)

Debtor

Reporting Period: 6-1-19-6-30-19

#### STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.

Attach photocopies of any tax returns filed during the reporting period.

	Beginning	Amount				Ending
	Tax	Withheld or	Amount	Date	Check No.	Tax
	Liability	Accrued	Paid	Paid	or EFT	Liability
Federal						
Withholding					1	
FICA-Employee						***************************************
FICA-Employer					1	
Unemployment						
Income .						
Other:						
Total Federal Taxes						
State and Local						
Withholding	Communication in the Communication of the Communica		///	7		
Sales			7 4			
Excise						
Unemployment						
Real Property						
Personal Property						
Other:						
Total State and Local						
Cotal Taxes		0	0=	0	OI	0

#### SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

			Number of D	avs Past Du		
	Current	0-30	31-60	61-90	Over 90	Total
Accounts Payable						
Wages Payable						
Taxes Payable						***
Rent/Leases-Building						
Rent/Leases-Equipment						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Amounts Due to Insiders*						
Other:						
Other:						
Fotal Postpetition Debts		1				Common and the second s

Explain how and when the Debtor intends to pay any past-due postpetition debts.	
*"Insider" is defined in 11 U.S.C. Section 101(31).	FORM MOR-4

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Foor, Kevin S.

Case No. 19-70130-JAD

FORM MOR-5

(9/99)

Debtor

Reporting Period:

## ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	
+ Amounts billed during the period	Ď
- Amounts collected during the period	
Total Accounts Receivable at the end of the reporting period	0
	0
Accounts Receivable Aging	Amount
0 - 30 days old	0
31 - 60 days old	l o
61 - 90 days old	Ô
91+ days old	8
Total Accounts Receivable	<u> </u>
Amount considered uncollectible (Bad Debt)	0
Accounts Receivable (Net)	8

## DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
. Have any assets been sold or transferred outside the normal course of business		
this reporting period? If yes, provide an explanation below.		1
. Have any funds been disbursed from any account other than a debtor in possession		1
account this reporting period? If yes, provide an explanation below.		1
. Have all postpetition tax returns been timely filed? If no, provide an explanation		1
below.		V
Are workers compensation, general liability and other necessary insurance		1
coverages in effect? If no, provide an explanation below.		1
	,	

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First National Bank

4140 E. State Street Hermitage, PA 16148

ADDRESS SERVICE REQUESTED

BDT OF SAXTON LLC **DBA SAXTON STATION PHARMACY** KEVIN S FOOR D.I.P. 907 FRAME CHURCH RD **EVERETT PA 15537-7970** 

# Statement Ending 06/28/2019

BDT OF SAXTON LLC

Page 1 of 2

Primary Account Number: 95403126

## Managing Your Accounts

Cnline

www.fnb-online.com



By Phone

1 800-555-5455



By Mail

4140 E. State Street Hermitage, PA 16148

## Summary of Accounts

**Account Type** 

Account Number

**Balance This Statement** 

FREE SMALL BUSINESS CHECKING

95403126

\$138.03

#### FREE SMALL BUSINESS CHECKING - 95403126

#### **Account Summary**

Date 06/25/2019 Description

\$0.00

Minimum Balance

\$138.03

1 Credit(s) This Period 0 Debit(s) This Period

**Balance Last Statement** 

\$138.03 \$0.00

Amount

Average Ledger Balance Average Available Balance \$138.03 \$92.02

06/28/2019

**Balance This Statement** 

\$138.03

**Account Activity** 

Post Date	Description	Debits	Credits	Balance
06/25/2019	Balance Last Statement			\$0.00
06/26/2019	DEPOSIT		\$138.03	\$138.03
06/28/2019	Balance This Statement			\$138.03

#### **Daily Balances**

Date	Amount
06/26/2019	\$138.03

